

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | MCWON | | 04-25-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | AM | 917 | 06-19-01 |
| RESPONSE FORMALITY REVIEW | HA | 858 | 10/11/01 |
| | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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AL
6/1/98
JCS
10/11/01